PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10811255

_							·					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALLE YPE [YTITY	OR	OTHER	
TOTAL CLAIMS							ſ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		. 8	ASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			33 minus 20=		.13			XS 9=	·	OR	X\$18=	234
INDEPENDENT CLAIMS			3 m	inus 3 =			Γ	X43=	·	OR	X86=	
MULTIPLE DEPENDENT CLAIM PI			RESENT				ŀ	+145=		OR	+290=	
If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	-	OR	TOTAL	1001
2-1-06 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							•	SMALL I	ENTITY	OR	OTHER	THAN
_	CLAIMS			HIGH		1			ADDI-	Ī		480
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
	Total	. 24	Minus	• 3		=		X\$ 9=		OŔ	X\$18=	/
	Independent	• 3	Minus	••• 3	<u>.</u>	- /		X43=		OR	X86=	
_	PINST PRESE	ENTATION OF MI	JUIPLE DE	ENDENI	CLAIM			+145=		OR	+290=	/
								TOTAL		OR	. TOTAL	
		AD	DIT. FEE		On A	ADDIT. FEE						
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		.	;	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	21 4144	•		X43= ·	•	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
										OR',	TOTAL ODIT, FEE	ę
(Column 1) (Column 2) (Column 3)												
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	×	\$ 9=		OR	X\$18=	
	Independent		Minus	***		-		(43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									· I		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR L	+290= TOTAL	
-mol	f the "Highest Nur	nber Previously Pai tiber Previously Paid ber Previously Paid	Id For IN THIS	SPACE IS	less than	3, enter "3." ·	•	TOTAL IT. FEE		•	DDIT. FEEL	
<u>. </u>						•						